STATE OF KANSAS-BUSINESS TRAVEL CARD Individual Account Application (Visa Corporate)



Send Completed Applications To:

BUSINESS TRAVEL CARD COORDINATOR, ACCOUNTS & REPORTS, 900 JACKSON, ROOM 351 S, TOPEKA, KANSAS 66612

APPLICANT INFORMATION		
Applicant Name (first, middle, last)		Email Address
Home Address		Social Security Number
City/State/Zip		Home Telephone Number ()
Employer/Agency Name /Number		Position/Title
Gross Annual Income	Years There	Business Telephone Number ()
	OTHER INFORMATION	
Other Sources of Income Alimony, child support or separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		
BILLING ADDRESS IF OTHER THAN LISTED ABOVE		
(For Accounts and Reports Use Only) STATE AUTHORIZED APPROVAL		
APPLICATION AND AGREEMENT		
Applicant applies to UMB U.S.A.,n.a., Falls City, Nebraska, or its successors or assigns ("Issuer") for an account as indicated above. If this application is accepted and credit card(s) issued, those signing above will be deemed to be in agreement with the terms and conditions accompanying the card(s). The Applicant in signing this form, certifies the information given herein to be true and correct and agrees to pay all charges on such account when due. The Applicant authorizes the Issuer to obtain and verify from time to time, credit, employment, and other information relating to the undersigned and to answer questions about the Issuer's credit experience with Applicant. The Applicant acknowledges and agrees that such information may be used to establish, administer or collect the account requested by the undersigned for any legitimate purpose relating to the account. The Applicant understands that the Issuer will retain the application whether or not it is approved. Because this account is offered in conjunction with the State of Kansas, certain information about you and your use of the account will be supplied to your employer. By signing below, you consent to issuer sharing information you provide on your application and information about your account with your employer. Applicant agrees that unless they write to UMB U.S.A., n.a. at P.O.Box 13262, Kansas City, Missouri 64199, UMB U.S.A., n.a. and its affiliates may share information about the Applicant or the account for administrative purposes.		

APPLICANT'S SIGNATURE

DATE

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DISCLOSURE INFORMATION

ANNUAL PERCENTAGE RATE FOR PURCHASES

Variable; 8.0% + Prime, which currently is 12.75%.

VARIABLE RATE INFORMATION

Your Annual Percentage Rate ("APR") may vary monthly. It is determined by adding a "Margin" to the highest "Prime Rate" reported in the "Money Rates" section of *The Wall Street Journal*" on the 15th day of each January, March, May, July, September, and November.

GRACE PERIOD FOR REPAYMENT OF BALANCES FOR PURCHASES

You have not less than 45 days to repay the entire balance before a Finance Charge will be imposed, if full payment of both the prior balance and the current balance shown on your Current and Previous Monthly Statements are received within 45 days after the Statement Closing Dates for such statements. The entire balance due shown on each Monthly Statement must be paid in full each month.

METHOD FOR COMPUTING THE BALANCE FOR PURCHASES

Two-cycle average daily balance (including new purchases).

ANNUAL FEE

There is no annual fee for this account.

MINIMUM FINANCE CHARGE

Fifty cents (\$.50) for any Billing Period in which a Finance Charge is due.

OTHER FEES

Late Fee: None

Cash Advance Fee: 3% (\$\frac{4}{3}\$ minimum, \$20 maximum)

IMPORTANT: The information about the costs of the cards described above is accurate as of November 1st, 2002, the date this document was published and made available as a downloadable file. This information may have changed after that date. To find out what may have changed, write to us at UMB U.S.A., n.a., Post Office Box 13262, Kansas City, Missouri 64199-3262 or email us at our website at **www.umb.com**.